

..DID: 959  
 ..TXT: PSC NO: 218 GAS LEAF: 212  
 COMPANY: NIAGARA MOHAWK POWER CORPORATION REVISION: 0  
 INITIAL EFFECTIVE DATE: 09/12/97 SUPERSEDING REVISION:  
 STAMPS:  
 Cancelled by 1 Rev. Leaf No. 212 Effective 12/21/1998  
 RECEIVED: 07/03/97 STATUS: Cancelled EFFECTIVE: 09/12/97

3. How many individual residential living units are provided the following GAS services?

Heating \_\_\_\_\_ Water Heating \_\_\_\_\_ Cooking \_\_\_\_\_ Common area Lighting/Heating \_\_\_\_\_  
 (Basement, Hallway, etc.)

B. Can you estimate your consumption requirements per month? If so, enter below; if not, leave blank.

Electric service:

Kilowatt Hours (KWH) per month . . . . .

Kilowatts (KW) per month . . . . .

Gas Service: CCF per month . . . . .

C. Do you know what high consumption equipment you will be using? IF so, enter below; if not, leave blank.

	ELECTRIC EQUIPMENT: (Type (e.g., air conditioner)	Kilowatts (Kws)	Horsepower (HP)	No. of Units
1.				
2.				
3.				

	GAS EQUIPMENT: Type (e.g., furnace)	British Thermal Units (BTUs)	No. of units
1.			
2.			
3.			

D. Have you (or do you plan to) added or removed any equipment, made any renovations or implemented any changes to the operating of your business that will significantly increase or decrease the amount of electricity and/or natural gas that is currently being used? If so, please provide details:

. . . . .  
 . . . . .  
 . . . . .

You have a right to request that we perform an inspection to assure the accuracy of the meters on which you will be billed. To request such an inspection, place an "x" here:

\_\_\_\_\_

I have completed this application to the best of my ability and agree to comply with all provisions of Niagara Mohawk's tariff.

. . . . . x . . . . .  
 . . . . . Signature of Applicant  
 Date of Application

x . . . . .  
 Signature of Additional Partner

Issued By: Albert J. Budney, Jr., President, Syracuse, New York